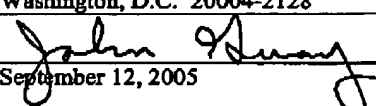


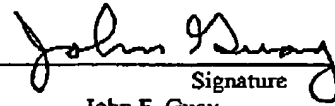
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| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number | 10/801,039 |
| | | Filing Date | March 16, 2004 |
| | | First Named Inventor | Keith Smothers |
| | | Group Art Unit | 3644 |
| | | Examiner Name | HAYES, Bret C. |
| Total Number of Pages in This Submission | 11 | Attorney Docket Number | 030782-4 |

| ENCLOSURES (check all that apply) | | |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number. | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | RECEIVED OIPE/IAP SEP 13 2005 |
|--|---|-------------------------------------|
| Firm or Individual name | John F. Guay (Reg. No. 47,248) Nixon Peabody LLP 401 9th Street, N.W. Suite 900 Washington, D.C. 20004-2128 | |
| Signature |  | |
| Date | September 12, 2005 | |

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Docket No. 030782-4

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/801,039

Confirmation No. 1237

Applicant : Keith Smothers

Filed : March 16, 2004

TC/A.U. : 3644

Examiner: : HAYES, Bret C.


Date: September 12, 2005

Docket No. : 030782-4

Customer No.: 022204

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September 12, 2005
Date
Signature
John F. Guay**AMENDMENT/ELECTION**Mail Stop **AMENDMENT**
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This Amendment is submitted in response to the Office Action mailed June 15, 2005.

Amendments to the Claims begin on page 2 of this paper**Remarks/Arguments begin on page 7 of this paper**

W673807.1